849343

FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL | | | | |
|----------------------|-------|------------------------|--|--|
| OMB Number: 3235-007 | | | | |
| Expires: | Juk | / 31.2008 ge burden | | |
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| lame of Offering { check if this is an amendment and name has changed, and indicate change.} | TION PROCESS |
|---|--|
| Safetec Common Stock | \ UII 2 3 20 |
| iling Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | ULOE 4 |
| ype of Filing: K New Filing Amendment | SECTHOMSON RE |
| A. BASIC IDENTIFICATION DATA | WENT FRANCISCO |
| Enter the information requested about the issuer | The Charles |
| ame of Issuer (check if this is an amendment and name has changed, and indicate change.) | HORY Q V BILL |
| Safetec Industries Incorporated | ing A S Mail |
| ddress of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) (502) 331-91761Shington, UC |
| 102 Laurel Drive, Bardstown, KY 40004 | (502) 331-917615Hington, DO |
| ddress of Principal Business Operations (Number and Street, City, State, Zip Code) I different from Executive Offices) | Telephone Number (Including Area Code) |
| rief Description of Business | |
| Develop and produce work platforms. | AND THE REST OF TH |
| ype of Business Organization | |
| _ | ase specify); |
| Month Year | 08056329 |
| ctual or Estimated Date of Incorporation or Organization: 110 013 (X) Actual Estim | |
| risdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction) | |
| | 欧 Δ |
| ENERAL INSTRUCTIONS | |
| ederal: ho Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of Ed(6). | Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. |
| Then To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be high it is due, on the date it was mailed by United States registered or certified mail to that address. | |
| here To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205 | 49. |
| opies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually occopies of the manually signed copy or bear typed or printed signatures. | signed. Any copies not manually signed must be |
| formation Required: A new filing must contain all information requested. Amendments need only repor ereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC. | |
| iling Fee! There is no federal filing fee. | |
| late: his notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa LOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Si the to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for | curities Administrator in each state where sales |
| ecompany this form. This notice shall be filed in the appropriate states in accordance with state law. ais notice and must be completed. | The Appendix to the notice constitutes a part of |
| ATTENTION | |
| Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlessifiing of a federal notice. | |

| A. BASIC IDENTIFICATION DATA | | |
|--|---|--|
| 2. Enter the information requested for the following: | <u></u> : • · | |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the control of the contro | of, 10% or more o | f a class of equity securities of the issuer |
| Each executive officer and director of corporate issuers and of corporate general and man | aging partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers. | | |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer | Director | General and/or |
| The state of the s | □ Виссия | Managing Partner |
| Seaman, Chris Full Name (Last name first, if individual) | | |
| | | |
| 102 Laurel Drive, Bardstown, KY 40004 | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or |
| | Director | Managing Partner |
| Harrison, Michael | | |
| Full Name (Last name first, if individual) | | |
| 3155 Route 10 East No. 112, Denville, NJ 07834 | · <u>··</u> ····· | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | M Director | General and/or |
| | D Duccio | Managing Partner |
| Trunfio, Joseph A. Full Name (Last name first, if individual) | | |
| | | |
| 475 South St., PO Box 1905, Morristown, NJ 07962 | | _ _ |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Charle Day (sa) that Arabay D. Day arts D. Day affairl Owner D. Day arting Cofficer | [St. Diseases | Consultation |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Sanders, Jay | | |
| Full Name (Last name first, if individual) | | |
| 1430 Broadway, 6th Floor, New York, NY 10018 | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Challe De Andread and De Branche Co. Branche Co. | (SI Disease | Consolvation |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or Managing Partner |
| Salsman, Michael | | |
| Full Name (Last name first, if individual) | | |
| 107 N. Charity Heights, Bardstown, KY 40004 | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Charle Day (se) that Annie December Dec | M) Diseasor | Consol andles |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | X) Director | General and/or Managing Partner |
| Haydon, Paul | | |
| Full Name (Last name first, if individual) | | |
| 4011 Norbourne Blvd., Louisville, KY 40207 | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer | Director | General and/or |
| Furst, Alan D., M.D. | • | Managing Partner |
| Full Name (Last name first, if individual) | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| 16 Lindley Rd., PO Box 129, New Vernon, NJ 07976 | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | |
| | | |

Lance Alm - Beneficial Owner 547 Spencer Mattingly Rd. Bardstown, KY 40004

| | | | | · | VFORMATI | | | | | | Yes | No |
|---|--|--|---|--|---|---|--|---|----------------------------|------------------------------|----------------------|------------------|
| l. Has | the issuer so | ld, or does t | he issuer i | ntend to se | ll, to non-a | ccredited i | nvestors in | this offer | ing? | | 口 | X |
| | | | Ans | wer also in | Appendix, | Column 2 | , if filing t | inder ULC | E. | | | |
| What is the minimum investment that will be accepted from any individual? | | | | | | <u>\$42,000.</u> | | | | | | |
| , Dom | on the official | | L: | | 3 :40 | | | | | | Yes | No |
| | s the offering | | | | | | | | | | | X |
| com If a p or st | er the information or site person to be litates, list the rocker or deale | nilar remune isted is an as: name of the b | ration for s sociated pe roker or de | olicitation rson or age caler. If me | of purchase ent of a brok ore than five | ers in conne er or deale (5) persor | ection with r registered is to be list | sales of sec I with the S ed are asso | curities in t EC and/or | he offering. with a state | | |
| ull Nam | ne (Last name | first, if ind | ividual) | | | | | | - | , | | |
| Business | or Residence | Address (N | lumber and | 1 Street C | ity State 7 | in Code) | | | · | | <u>.</u> | |
| | | - • • • • • • • • • • • • • • • • • • • | | - 5 | ,, 2, 2 | | | | | | | |
| Name of | Associated E | Broker or De | aler | | | | | | ···· | | | |
| States in | Which Perso | n Listed Ha | s Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| (Che | eck "All State | es" or check | individual | States) | | | •••••• | | , | ••••• | □ Al | l States |
| AL | AK) | ΑZ | [47] | CA | التحما | (CT) | [DE] | [הכי | FL | اتما | H | ĪD |
| IL | | [AZ] | KS | CA KY | CO LA | <u>CT</u> ME | DE) MD | DC MA | MI | [GA] [MN] | MS | MO |
| MT | = == | NV | NH | NJ | NM | NY | NC | ND | OH | OK | OR | PA |
| RI | SC | SD | TN | TX | UT | VT | V٨ | WA | WV | WI | WY | PR |
| Full Nam | nc (Last name | first, if ind | ividual) | | · | | · · · · · · | <u> </u> | - | | | · · · · · · |
| Business | or Residence | e Address (| Number an | d Street, C | City, State, 2 | Zip Code) | | | | | | |
| Name of | Associated B | Broker or De | aler | | | | | | | | | |
| States in | Which Perso | n Listed Ha | s Solicited | or Intends | to Solicit I | Purchasers | | | | - | | |
| _ | eck "All State | es" or check | individua! | States) | | | | | | | ☐ A! | 1 States |
| (Che | | | | • | | | | | | | · - | . 0 |
| , | | ·—— | ΔR | | ··· | | | ואכו | _ | | | (*) |
| (Che | AK | AZ TA | AR KS | CA | CO | CT | DE | DC MA | FL MI | GA MN | HI MS | |
| AL | AK IN | AZ | AR KS NH | | CO | | | DC MA ND | FL | GA | HI | Œ |
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| AL IL MT RI | AK IN NE | AZ IA NV SD | KS NH TN | CA KY NJ | CO LA NM | CT ME NY | DE MD NC | MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| AL IL MT RI Full Nam | AK IN NE SC | AZ IA NV SD sfirst, if ind | KS NH TN ividual) | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| AL IL MT RI Full Nam Business | AK IN NE SC ne (Last name | AZ IA NV SD c first, if ind | KS NH TN ividual) | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC | MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| AL IL MT RI Full Nam Business | AK IN IN SC SC ne (Last name or Residence Associated E | AZ IA NV SD c first, if ind c Address (I | KS NH TN ividual) Number an | CA KY NJ TX d Street, C | CO LA NM UT | CT ME NY VT | DE MD NC VA | MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| AL IL IL MT RI Full Nam Business Name of | AK IN IN SC INE Cor Residence Associated E Which Perso | AZ IA NV SD c first, if ind ce Address (I | KS NH TN ividual) Number an | CA KY NJ TX d Street, C | CO LA NM UT City, State, 2 | CT ME NY VT Zip Code) | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR | ID MO PA |
| AL IL IL MT RI Full Nam Business Name of | AK IN IN SC SC ne (Last name or Residence Associated E | AZ IA NV SD c first, if ind ce Address (I | KS NH TN ividual) Number an | CA KY NJ TX d Street, C | CO LA NM UT City, State, 2 | CT ME NY VT Zip Code) | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA |
| AL IL MT RI Full Nam Business Name of | AK IN IN SC IN SC IN SC IN | AZ IA NV SD c first, if ind ce Address (I | KS NH TN ividual) Number an | CA KY NJ TX d Street, C | CO LA NM UT City, State, 2 | CT ME NY VT Zip Code) | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| AL IL MT R1 Full Nam Business Name of States in (Che | AK IN IN SC INE SC INE Cor Residence Cor Res | AZ NV SD e first, if ind e Address (I Broker or De In Listed Hases" or check | KS NH TN ividual) Number an aler s Solicited individual | CA KY NJ TX d Street, C | CO LA NM UT City, State, 2 | CT ME NY VT Zip Code) | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box Mand indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Aiready Type of Security Offering Price Sold Equity \$ 1,008,000 \$364,000 Common Preferred Convertible Securities (including warrants)......\$__)**s** : Other (Specify Total _______ \$ 1,008,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$ 364,000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Dollar Amount Type of Type of Offering Security Sold Rule 505 Rule 504 \$ 0.00 Total____ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 250.00 Printing and Engraving Costs Legal Fees Accounting Fees <u>s 1,000.00</u> Engineering Fees Sales Commissions (specify finders' fees separately)......

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Other Expenses (identify) Travel, Postage & Administrative Fees

Total

\$1,750.00

5,000.00

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXP | ENSES AND USE OF PROCEEDS | |
|----|--|---|---------------------|
| | b. Enter the difference between the aggregate offering price given in response to and total expenses furnished in response to Part C — Question 4.a. This difference proceeds to the issuer." | ze is the "adjusted gross | \$ <u>1,003,000</u> |
| i. | Indicate below the amount of the adjusted gross proceed to the issuer used or p each of the purposes shown. If the amount for any purpose is not known, fu check the box to the left of the estimate. The total of the payments listed must exproceeds to the issuer set forth in response to Part C — Question 4.b above. | urnish an estimate and qual the adjusted gross | |
| | | Payments t Officers, Directors, & Affiliates | |
| | Salaries and fees | | □ \$ |
| | Purchase of real estate | ——· | |
| | Purchase, rental or leasing and installation of machinery and equipment | _ | |
| | Construction or leasing of plant buildings and facilities | - | |
| | Acquisition of other businesses (including the value of securities involved in offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | n this | _ |
| | Repayment of indebtedness | — | - |
| | Working capital | | |
| | Other (specify): Media | | |
| | | | []\$ |
| | Column Totals | | \$_1,003,000 |
| | Total Payments Listed (column totals added) | X | 1,003,000 |
| | D. FEDERAL SIGNAT | rure | |
| ig | ne issuer has duly caused this notice to be signed by the undersigned duly authorize gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities a information furnished by the issuer to any non-accredited investor pursuant to | and Exchange Commission, upon wr | |
| SS | suer (Print or Type) Signature/ | Date 7/ | / 4 |
| Sa | afetec Industries Incorporated | $m = \frac{1}{112}$ | 2/08 |
| ۷a | ame of Signer (Print or Type) Title of Signer (Print or | | / |
| Çr | hris Seaman, Sr. President / CEO | | |
| _ | · | | |

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| • | | | |
|----------|--|---|--|
| | | E. STATE SIGNATURE | |
| 1. | | 0.262 presently subject to any of the disqualification | Yes No |
| | | See Appendix, Column 5, for state response. | |
| 2. | The undersigned issuer hereby under D (17 CFR 239.500) at such times a | takes to furnish to any state administrator of any state in which this s required by state law. | s notice is filed a notice on Form |
| 3. | The undersigned issuer hereby unde issuer to offerees. | rtakes to furnish to the state administrators, upon written reques | t, information furnished by the |
| 4. | limited Offering Exemption (ULOE) | nat the issuer is familiar with the conditions that must be satisfied of the state in which this notice is filed and understands that the establishing that these conditions have been satisfied. | d to be entitled to the Uniforn issuer claiming the availability |
| The issu | uer has read this notification and knows athorized person. | the contents to be true and has duly caused this notice to be signed | on its behalf by the undersigned |
| Issuer (| (Print or Type) | Signature Date | |
| Safete | ec Industries Incorporated | (has brown | 1/12/08 |
| Name (| Print or Type) | Title (Print or Type) | 7 7 |
| Chris S | Seaman, Sr. | President / CEO | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

